



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 5194

Bib Data Sheet

SERIAL NUMBER 09/827,997	FILING DATE 04/06/2001  RULE	CLASS 348	GROUP ART UNIT 2613	ATTORNEY DOWNE NO. 08563-0103
-----------------------------	---------------------------------------	--------------	------------------------	-------------------------------------

### APPLICANTS

David H. Cooper, Carlsbad, CA;

### \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/195,558 04/06/2000 *ML*

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/05/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>ML</i> Initials <i>ML</i>	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 4
--	---	---------------------------	------------------------	-----------------------	----------------------------

### ADDRESS

26587  
MCNEES, WALLACE & NURICK  
100 PINE STREET  
P.O. BOX 1166  
HARRISBURG, PA  
17108-1166

### TITLE

Dental video imaging system

FILING FEE  RECEIVED 1820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---